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ABSTRACT

This guide was designed to help local educators develop and implement a comprehensive program to support pregnant and parenting teenagers and assure them access to the resources and models they need to complete their education. Section I includes an overview of the demands faced by these young people and reviews the available research on pregnancy, parenting, and staying in school. Section II describes the characteristics of a model intervention program for pregnant and parenting teenagers. It lists considerations for establishing a program then goes on to discuss these program components: (1) basic academic and life skills education for pregnant and parenting students; (2) social services counseling; (3) infant care; and (4) health services. A discussion of teenage fathers is included. Section III provides a listing of federal and state funding available for programs that address the needs of pregnant and parenting students. Each listing is accompanied by a brief overview of program features. Information related to pregnant and parenting teenagers is appended, including laws; sample school policies; an annotated listing of curricula, curricular aids, and other resources; a list of model programs; a list of New Jersey state programs; and a list of organizations and associations. (NB)

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Helping Pregnant and Parenting Students Complete Their Education

An Intervention Program Guide

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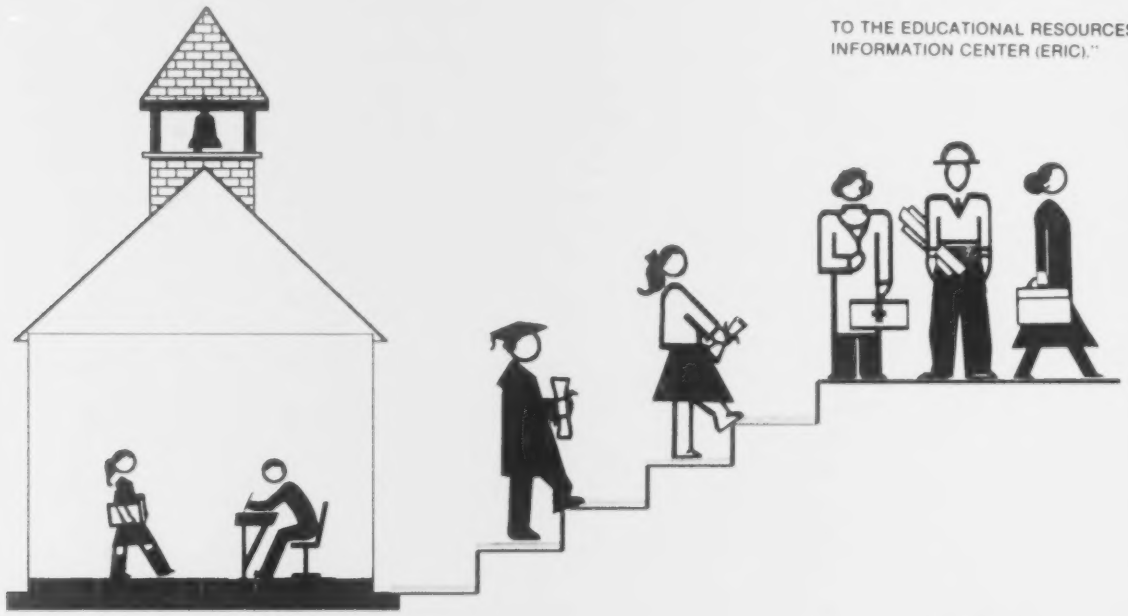

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Division of General Academic Education
New Jersey State Department of Education

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HELPING PREGNANT AND PARENTING STUDENTS COMPLETE THEIR EDUCATION:

An Intervention Program Guide

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FOREWORD

In this era of increasing demands for a skilled, competent workforce, educators confront the ever-increasing challenge of helping young people prepare for productive employment and community life. This challenge is all the more poignant for those who teach pregnant and parenting teenagers. These students all too often are overwhelmed by the competing demands of family responsibility and schooling and leave school before they have completed their high school education. In so doing, they miss out on invaluable academic preparation and opportunities for social development that would help them cope with responsibility now and in their future.

We, as educators, can do something to help these young women and men cope successfully with their dual roles. By providing the support of a comprehensive intervention program, we can help ensure that pregnant and parenting teens have access to the resources and models they need to stay in school and complete their education.

Helping Pregnant and Parenting Students Complete Their Education: An Intervention Program Guide is designed to help local educators develop and implement a comprehensive program to provide that support. This document, which includes an overview of the demands faced by these young people, contains a description of components for a comprehensive intervention program and a listing of federal and state resources that districts will find useful as they strive to address the academic, social, and medical care issues confronting these at-risk students.

Saul Cooperman
Commissioner

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INTRODUCTION

The purpose of American education is to prepare children to assume social and economic responsibilities as informed citizens in a democratic society. Through their development of academic and social skills in 13 years of schooling, students learn the requisite skills to become self-supporting, contributing adult members. Yet, the educational experience is ending too soon for too many of our youths who are pregnant and parenting teens; and for this population, the cumulative benefits of schooling are unlikely to be achieved.

Approximately 6,000 school-age New Jersey teens become pregnant annually. Nationally, New Jersey ranks 11th of all states in births to teens. Estimates are, too, that as many as 40 percent of these pregnant teens will drop out of school. These findings are cause for concern. Students who do not complete their education are less likely to become self-sufficient and to instill the value of education in their offspring.

Research indicates that pregnant and parenting teens need support services as early as possible in order for them to have the best preparation for completing their education, becoming self-sufficient, and raising their children. The purpose of this document is to discuss the support services for pregnant and parenting teens that can be provided within the school setting and to describe the resources both national and state that are available to fund and otherwise assist comprehensive intervention programs for pregnant and parenting teens.

I. FACTORS CORRELATED WITH THE ACHIEVEMENTS OF PREGNANT AND PARENTING TEENS

A number of New Jersey programs provide medical and social service support to help pregnant and parenting adolescents. However, few models for this population are sufficiently comprehensive to include academic instruction, medical care for the mother and infant, career planning, training in employment skills, and counseling. Yet a comprehensive program that combines all of these components is crucial to helping the new parent become self-sufficient.

Without a comprehensive support program, the teen parent faces many barriers to economic independence. For instance, the opportunity for a parenting teen to become a viable wage earner in order to support her child is greatly reduced, with teen parents earning "about half the earnings of a woman who waits until age twenty to have her first child" (Edelman, 1987, p. 53). What is more, approximately 40 percent of teenage girls drop out of school for reasons of pregnancy or marriage, decreasing even more their prospects for good employment (Children's Defense Fund, 1988). Moore (1989) reports that in 1986, only 56 percent of women who had their first child at age 17 or younger graduated from high school.

Teens who give birth at an early age are also likely to have a repeat pregnancy, thereby decreasing even further the likelihood that they will complete school. In fact, "women who first give birth at ages 16 and younger are [26 percent] more likely to bear a second child within the next two years than are women who have their first child at ages 17-18 (20 percent) or at ages 19-22 (22 percent)" (Mott, 1986, p. 5).

In addition, the children born to teen mothers are likely to suffer specific health consequences. According to Hofferth (1986), "the younger the age of the mother the higher the proportion of infants of low birth weight" (p. 176). These babies require special attention and time so that their future life chances are not diminished. They require additional medical, social, and education support services.

Early parenting does not necessarily doom the parent and child to a miserable life, however. Furstenberg, Brooks-Gunn, and Morgan (1987) find that many teens are able to overcome the problems created by pregnancy and go on to achieve success.

In a recent longitudinal study, Adolescent mothers in later life (1987), Furstenberg, Brooks-Gunn, and Morgan, tracing the life histories of approximately 300 Baltimore teenage mothers and their children over a 17-year period, examined the lives of women who became mothers in their teens to determine how they progressed later in life. This landmark research, with its depiction of the actual life course of pregnant and parenting adolescents and the unique strategies which these women adopted to cope with their lives, reveals that "the life course if sufficiently flexible...[will]...allow for a number of paths to recovery (p. 75)."

During pregnancy and after delivery, all of the parenting teens participating in this study had access to health services through a program designed especially for them and their infants' needs. In addition, most received support from a school program that emphasized not only academic skills, but also parenting skills, family planning, sex education, and life or career options.

In self-reports, those women who had received the services of both these programs identified this support as instrumental in helping them to develop some of the skills they needed for self-sufficiency. In interviews with these women, the researchers found common indicators of achievement in their life course:

- The majority of the women completed high school and were employed. In fact, "Most women completed high school within 3 years of the birth of their first child" (p. 26).
- Those who were on welfare eventually left the system.
- Few women had families with more than three children.
- One-half of the sample had family incomes that afforded them a self-sustaining lifestyle.
- Most of the mothers were committed to involvement in the lives of their children and did not neglect them.

The researchers, concluding that "it is never too late for effective intervention" (p. 128), found several factors in the lives of these women to be decisive:

Those women who had completed high school by the time of the first follow-up (five years after delivery) went on to achieve greater economic stability in adulthood.

Furstenberg, Brooks-Gunn, and Morgan found that school support and counseling, encouraging students to return to regular classes after delivery, significantly reduced the proportion of women on welfare in later years (pp. 137-8).

Motivation was a key factor in the mother's educational and career achievement.

Even though many pregnant students may have low motivation, this does not necessarily mean that they have low aspirations. According to Moore, Simms, and Betsey (1986), students, whether they are pregnant or in danger of dropping out, need help recognizing their own aspirations (p. 133) as a source of motivation. These young people need to feel that they can make progress toward realizing their goals.

> The real key is hope. It's a sense of the future. It's making young people feel good about themselves. (Kirk, 1987, p. 11)

Early marriages that take the mother and father out of schooling opportunities are deleterious.

At the five-year follow-up, the researchers found that nearly two-thirds of the women had married. However, more than one-half of those marriages had dissolved; and of those still intact a substantial proportion were in severe trouble. Stable marriages were exceptions (pp. 30-33). Marriage, in fact, delayed completion of school and served to establsih a false sense of economic security (p. 108). When the marriages ended, those women found themselves, often with more than one child, unemployed, and lacking in marketable skills.

Since marriage is an unlikely source of economic security for parenting teens, both male and female parenting adolescents need training in developing economic self-sufficiency because, more likely than not, they will be single.

Child care services are necessary to help the teen parent.

According to a national survey of school drop-out programs, a major factor contributing to the drop-out rate for female parenting students was their overwhelming child care responsibilities, and not necessarily their poor performance in school (U.S. Government Printing Office, 1987). Furstenberg, Brooks-Gunn, and Morgan indicate that many of the women resumed their education only to drop out when child care arrangements could not be made to accommodate to the school routine (p. 21).

An additional rationale for child care is the potential to make up for the possible inadequacies that teen mothers bring to parenting: interrupted childhood development, disruptive nuclear family life, and lack of knowledge about child rearing. The mother's level of and interest in education have a significant bearing upon the educational potential of the child (Berlin & Sum, 1986; Furstenberg, Brooks-Gunn, & Morgan, 1987).

Informal networks with family (particularly grandmothers, husbands, and boyfriends) and other role models help.

Shelby Miller (1983) recommends that the relationships among extended family members, family associates, and the teen mother be encouraged and strengthened for the following reasons: the stress that results from the competing demands of schooling and caring for the newborn is reduced for the young mother; and replicating the assistance that these support people can provide is economically unfeasible.

Other worthwhile considerations for program development are:

Services should be directed to both males and females.

In order for the teen father to be a contributing and functioning member of a family, he must have the prerequisite skills to develop the earning capacity. Unfortunately, poor academic preparation and the lack of a high school diploma greatly diminish the possibility that the teen father will be able to support his family. Teenage males with poor academic preparation are "three times as likely to be fathers as are those with average basic skills" according to the data from the National Longitudinal Survey of Young Americans indicates (Pittman, 1986, p. 4). Teenage fathers in urban areas have particularly low levels of academic attainment (Hardy, Duggan, Masnyk, & Pearson, 1989). In fact, "at approximately 15 months after the child's birth, 36 percent of the fathers were neither in school nor working" (p. 159).

Recommended services for teen fathers are similar to those recommended for teen mothers with the exception of child care. They include counseling, parenting training, family planning education and services, and educational, vocational, and employment services (Adams & Pittman, 1988).

Delaying and pacing subsequent births was a major determinant of ecomonic statiliby.

Certainly, multiple births to a student during the school-age years are academically and socially crippling, but Furstenberg, Brooks-Gunn, and Morgan (1987) also report a significant correlation between birth rate and economic status 17 years later. "Preventing or delaying such [additional] births, in turn, is crucial because the burdens of additional children can virtually guarantee economic dependency" (pp. 55-56).

Participants completed their education by securing a diploma once they realized that school completion was necessary for secure employment.

Furstenberg, Brooks-Gunn, and Morgan found that many of the women who participated in their study either continued or resumed their education in their twenties and early thirties. By the time of the 17-year follow-up, 30 percent of all the women had pursued some post-secondary education, and 5 percent had obtained a college degree. What is most striking in their research, however, is the advantage gained by completing school in the years immediately following the birth of that first child. Those women who returned and completed their high school education within the first five years after delivery were one-half as likely to receive public assistance and twice as likely to be economically secure 17 years later.

Two studies of the effects of teen parent programs support the findings of Furstenberg, Brooks-Gunn and Morgan. Immediate intervention increases opportunity for the teen mother to become self-sufficient. An evaluation of Project Redirection, a nationally recognized parenting

adolescent intervention program designed to develop self-sufficiency, revealed that the longer the mothers stayed in the program, the better off they were (Quint & Riccio, 1985). A ten-year follow-up study on the effects of family support intervention supported these findings, indicating that the provision of medical, social, and child care services had a positive effect on maintaining family self-sufficiency that lasted for at least ten years beyond the program services (Seitz, Rosenbaum, & Apfel, 1985).

II. COMPONENTS OF A COMPREHENSIVE INTERVENTION PROGRAM

This chapter describes the characteristics of a model intervention program for pregnant and parenting teens. While it would be ideal if districts could develop the model program in its entirety, implementing any part or combination of the program's components would significantly help the parenting student.

One section includes specific discussion of teen fathers, but a good program should include teen fathers appropriately in all aspects of the program.

A. Considerations For Establishing a Program

Programs for pregnant and parenting adolescents should be flexible to meet the needs of the individual students. Districts must decide whether the program should be established in a physically separate facility or integrated into the regular classroom setting with appropriate services on site. A decision to separate or integrate a program into the existing school program must be based on student performance and economic feasibility.

Another consideration is at what point in the student's pregnancy should assistance or the intervention program begin. Some students become parents as young as elementary school age. An assessment of the student population and resources available to the district can facilitate this decision.

The last but probably most important consideration in establishing a program is to make sure that the educational program goal and objectives of the existing school program or the program to be formed do not discriminate against the pregnant student (see N.J.A.C. 6:4-1.1 et seq. in Appendix A). Dunkle (1985) has identified provisions of Title IX pertinent to pregnant and parenting students which state that a school:

- "cannot discriminate in admission on the basis of pregnancy, childbirth, termination of pregnancy, or recovery" (p. 6).
- "cannot discriminate against a pregnant student in classes, programs, or extracurricular activities" (p. 6).
- "must treat pregnancy like it treats other temporary physical disabilities" (p. 6).
- "cannot force or coerce pregnant students to participate in these [special program] classes: participation must be completely voluntary and pregnant students must be permitted to stay in the regular classroom if they so choose" (p. 7).

- "must offer comparable [programs or services] to those available to other students to pregnant students in separate programs or classes" (p. 7).

- "can require certification from a physician that a pregnant student is physically and emotionally able to participate in classes and other activities only if it makes the same requirements of other students with medical conditions requiring the attention of a physician" (p. 7).

- "must grant medical leave for pregnancy" and "after this leave, the pregnant student must be reinstated to the status she had when the leave began" (p. 7).

School policies concerning services and programs for pregnant and parenting teens should reflect the requirements of Title IX. Examples of school policies can be found in Appendix B.

B. Program Components

1. Basic Academic and Life Skills Education for Pregnant and Parenting Students

Basic Academic Education: Developing an individualized educational plan for the student will help assure that her needs are met while avoiding violation of Title IX. Project Redirection considered "the individualized participation plan...a key component" (Nickel & Delany, 1985, p. 51). Such a plan should consider factors of age, academic status, and mental and physical health.

The advantage of the individualized student plan is that it accommodates the student's present academic program without penalizing her. Not all parenting teens are performing poorly academically. However, an assessment of the parenting students may reveal that remedial instruction is appropriate for some students.

Parenthood Preparation and Parenting Skills: To augment academic instruction and prepare students for the future, instruction should be offered in childbirth preparation, prenatal care, family planning, parenting skills, and child development. Many young women as well as young men do not understand exactly how they became expectant parents, which increases the likelihood of a repeat pregnancy. Also, they do not understand fetal development and giving birth. Although these topics should be introduced within family life education, it is advisable to provide a separate intensive course for those students participating in a pregnancy support program.

Specific instructional attention should be given to interacting with the infant at various stages of its development, to the infant's physical and emotional needs, and to the feelings of the new parents about themselves and the infant. Instruction should

begin as early in the mother's pregnancy as possible. In the Furstenberg, Brooks-Gunn, and Morgan study (1987), the children of the mothers did not fare as well as the mothers, exhibiting difficulties in academic achievement, disruptive behaviors both in and out of school, and early parenting. Parenthood preparation should be designed to promote the skills and information necessary for the long-term commitment that parenting is. This includes not only infant care, but also strategies for fostering readiness skills, reinforcement of learning, responsible behaviors, aspirations, and expectations for school completion, as well as preparation for independent adulthood.

Community resources for parenting education include hospitals, family clinics, social service agencies, and day care centers. If the parenting classes are offered separately rather than as part of the school program, incentives to attend, such as course credit, free toys, and/or free transportation to the location of the classes, can be offered (Nickel & Delany, 1985, p. 59).

Also, to increase the effectiveness of the program, the instructor should have certain skills. Positive features noted in an evaluation of parenting classes were that the instructor "acted as a resource and a role model rather than as an 'expert'" and that during the instruction, students were given opportunities to practice the newly learned skills (Nickel & Delany, 1985, p. 59).

The role of the father cannot be ignored in parenthood preparation and parenting skills instruction. Such classes have positive future outcomes for the father in terms of increasing his understanding of reproduction and childhood development and increasing his sexual and parental responsibility.

In addition, research has demonstrated that encouraging the active participation of the father before, as well as after, the birth, in childbirth education, labor and delivery, and infant care training provides incentive for him to support the mother and child later in life (Hayes, 1987, p. 213). Another benefit in involving the father in childbirth preparation is that it encourages him to participate in special educational programs and training programs to increase his own academic performance.

Career Development and Employment Skills: According to the research on adolescent mothers (Furstenberg, Brooks-Gunn, & Morgan, 1987), self-sufficiency is achieved through marriage or employment. However, many mothers do not choose marriage.

The common thread of success for any employment and career development program is flexibility in programming and program climate or social atmosphere. Flexibility is particularly important to reach the disadvantaged population. Building self-sufficiency: A guide to vocational & employment services for teenage parents (Polit, 1986) is a resource that reports the characteristics of successful employment training programs. These characteristics are:

- Emphasis needs to be on placement services.
- On-the-job-training rather than mere work experience has had the most success.
- Job search assistance has had some success.
- Support services for the student are crucial to successful completion of the program.
- Staff-client ratio and staff attitudes are keys to success.
- Health services and good health maintenance practices should be included so that poor health does not affect attendance.

The feasibility of providing employment training that includes actual work experience as well as employability skills should be carefully considered. Critics of employment for teen parents argue that employment training that entails on-the-job work experience during the school years takes away from the student's academic achievement (Hayes, 1987, p. 219). Also, employment can contribute to a false sense of financial security, which can lead to dropping out of school.

The solution to this dilemma may be to provide part-time employment during the summer months when the student does not have studies to pursue. In this way, she is able to spend quality time with her child while learning a skill.

A listing of relevant curriculums and curricular aides is contained in Appendix C.

Teen Fathers: Before we look at programmatic considerations for teen fathers, we should look at the role of the teen male parent as father. For adult males, fatherhood is not a static concept; it vacillates between the roles of economic provider and co-equal nurturer. However, for teen fathers, the role of fatherhood is limited. First, the father may not continue his involvement with the mother after conception. Second, he is generally a poor economic risk for marriage at the time of pregnancy due to his age and his poor life preparation skills. In fact, teenage fathers are "much more likely to [be] high school dropouts than....[are] other male teenagers" (Marsiglio, 1987, p. 240).

Thus, teenage fathers are usually not viable wage earners, nor are they able to adequately support their new families. Therefore, marriage is not likely to provide financial security for adolescent parents.

Other relevant findings are (Johnson & Sum, 1987):

- The earning potential of 20- to 24-year-olds who were dropouts declined 42 percent between 1973 and 1984.

- The higher the level of basic skills before dropping out of school, the greater the earning potential.

- Minority teens, probably due to attending inferior schools, were more likely to leave school with poor basic skills despite the narrowing of the gap between white and black achievement.

- Black male dropouts are likely to experience a devastating drop in earnings.

- Marriage for males between the ages of 20 and 24 has declined.

To encourage the involvement of teen fathers and to equip them with the parenting skills, education, and employability skills they need to participate effectively, the resources and support of the comprehensive program should be available to adolescent fathers as well as to teen mothers. In light of the success of the Teen Father Collaboration program, it is recommended that the following services be provided to teen fathers:

- Prenatal and parenting classes
- Family planning workshops
- Educational enhancement or tutorial programs
- Vocational skills training
- Job placement skills and services
- Individual and peer counseling
- Couples counseling

A forceful means of continuing the teen father's involvement with the mother is the state-implemented federal Child Support Enforcement program. This program designates the biological father as responsible, by law, for the support of his child regardless of his marital status. However, if the father of the child is still in school or his source of income is limited because of part-time employment, attempts to obtain support may be futile (Hayes, 1987, p. 207).

Supporters of the Child Support Enforcement program believe that requiring the father to contribute to the financial support of his child encourages his responsible behavior, and that responsible behavior influences responsible sexual behavior (Hayes, 1987, p. 208). Studies of other countries that strongly enforce similar regulations indicate that such regulations do have a bearing on lower adolescent pregnancy rates.

2. Social Services Counseling

Social services counseling is the glue that holds together the other components of a comprehensive school district program for pregnant and parenting teens. The counseling service recruits the student for the program; helps the student plan for her future and that of her infant; provides immediate and long-range support and resources, such as housing or financial assistance; provides counseling to the student, her extended family, and the father of

the infant; and refers the mother to the appropriate social services after she leaves the school.

Gail Zellman's (1981, p. 82) report on school programs for pregnant and parenting teens outlines the necessary components of the counseling service their students need. Such programs should:

(1) Provide counseling about pregnancy options (In New Jersey, students can be informed of all pregnancy options according to N.J.S.A. 9:17A-1. See Appendix A.)

(2) Provide "the realistic interrelationships among decisions about pregnancy, parenthood, school, and employment at an early point in the decision process"

(3) Inform the student of the full range of educational alternatives to school completion

(4) Eliminate the gap in services when the student is referred to programs outside the school by providing follow-up services or by coordinating the existing services

In addition, the counselor can play an important role in helping the student's parents or the infant's grandparents. All families do not react the same way to a student's announcement of her pregnancy. Some expectant grandparents may take the news in stride and resolve to assist the student as best they can. Some families may not react as well, and the student may face the full wrath of her parents' dismay at her situation, in extreme cases leading to her abandonment and destitution. The pregnancy itself may be perceived by the student as a way to escape a troubled household.

Research has shown that parents have a significant impact on the academic achievement of their children even when the students become parents (Comer, 1985). The counselor can strengthen the relationship between the grandparents, parents, and infant by providing services or linking the family with local agencies.

In conclusion, the counseling program staff should be personable and sincere in their service to the teens (Zellman, 1981; Nickel & Delany, 1985). Many students who drop out of school do so without any consultation with the school staff (Zellman, 1981); therefore, it is crucial that counseling begin as soon as possible in the student's pregnancy to deter her from dropping out of school.

3. Infant Care

As emphasized earlier, infant care is a major barrier for the student to overcome if she is to attend school. Beyond the student's needs, infant care can enhance the quality of parenting and provide preschool preparation for the child, which ultimately affects future school programming in the districts.

Of the 20 infant care centers in New Jersey, however, only two are publicly subsidized. Private infant care may cost as much as $6,500 for a full year or $4,500 for the school year (New Jersey Child Care Advisory Council, 1988).

Infant care increases both the likelihood that the mother will stay in school and the chances that the child will develop in a healthy environment. Further, establishing an infant care center at the school site promotes mother-child bonding while allowing the mother to attend classes. Although it is not necessary for the infant care center to be located on the school grounds, the closer they are to each other, the greater the benefits.

The divisions of Youth and Family Services and Public Welfare, the Department of Human Services, and foundations with specific interests in alleviating the problems of teenage parents provide funding for home infant care and/or infant centers. Also, community resources can be tapped for assistance in establishing a site, as can national organizations (see Appendix F). It is possible that one of these national organizations may want to establish an infant care site in the school, or several agencies and organizations may pool their resources to do so.

In School Together (Cahill, White, Lowe, & Jabobs, 1987) is an excellent resource for anyone interested in establishing a school site infant care center. It suits the following organizations that have expressed interest in supporting infant care:

Catholic charities
Girls Clubs of America
Ecumenical societies
Fraternal organizations
Foundations
Hospitals
Insurance companies
Junior League
Local churches
Planned Parenthood
Red Cross
United Way
Urban League
YWCA and YMCA
Jewish Family and Children's Services

In addition to providing financial support for infant care, these groups can be useful in an advisory capacity and can help avert program opposition. The most common reason for opposition to establishing a center is that some people believe that providing infant care for teenage mothers will encourage teenage parenting. Others oppose the infant care center because they view it as unfair competition to private child care facilities. An advisory group can provide a valuable block of support.

4. Health Services

Medical services for the mother and the child help to maintain good health and promote good health practices in the future. The healthy development of the child helps the mother maintain uninterrupted progress in school.

The medical service components of a comprehensive program for pregnant and parenting teens include: obstetric and gynecological (OB/GYN) care, pediatric care, and nutritional services, as well as health education.

OB/GYN care - including pre- and postnatal care, family planning, and contraceptive services - should begin as early as possible to avoid complications. The American College of Obstetricians and Gynecologists "...recommends that every woman have a comprehensive program of prenatal care, beginning as early in the first trimester as possible" (Hayes, 1987, p. 197). According to research compiled by the National Academy of Sciences, "timely prenatal care plays an important role in preventing [infant] problems such as prematurity and low birth weight, especially among low-income, minority, and adolescent girls..." (Hayes, 1987, p. 196).

Unfortunately, use of prenatal care centers may depend upon student fears about acknowledging the pregnancy to others and/or lack of knowledge about the symptoms of pregnancy. The role of program counselor is to identify the pregnant student (if possible) and connect her with these services as early as possible.

After the birth, care is important for maintaining the health of the mother. This medical care should include family planning information so that future pregnancies are delayed at least until schooling is completed. "Among teenagers interviewed in 1979, 17.5 percent of those who experienced a premarital pregnancy conceived again within a year" (Hayes, 1987, p. 203).

Medical service can be provided on-site through a school-based clinic staffed by a hospital, local clinic, or private physicians who are willing to offer services for limited hours during the week. Physicians may even set aside specific office hours for such appointments. Depending upon how the program is established, it may be necessary to provide students with transportation to the doctor's office, or at least to set aside time in the instructional program during the week for these visits.

The major barrier to teens seeking health services is money. Public financial sources for medical support are available for teen parents who are eligible for Medicaid and the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT). For those teens not eligible for publicly funded health services, the counseling services can assist in finding affordable medical care.

If the student population in the school is generally receiving poor health care regardless of income, it may be worthwhile for the school district to explore establishing a school-based health clinic for general adolescent health care. A Children's Defense Fund document, A Manual on Providing Effective Prenatal Care Programs for Teens (Rosenbaum, 1985), and School-Based Clinics: Update (Lovick & Wesson, 1986) outline how to establish such a facility.

The following model programs, described in Appendix D, serve pregnant teens and their infants.

- Maternity and Infant Care Project - St. Paul, Minnesota
- Johns Hopkins Adolescent Pregnancy and Parenting Programs - Baltimore, Maryland
- Urban Affairs Corporation Adolescent Primary Health Care Center - Houston, Texas

Nutrition, which has an impact on the health of both the unborn child and the pregnant mother, is a factor contributing to the low birth weight of babies born to teen mothers (Hayes, 1987, p. 200). The Special Supplemental Food Program for Women, Infants, and Children (WIC), a federal program, is designed to improve the health of pregnant women and children. Specifics of this program will be discussed in the next chapter.

In summary, all of the aforementioned components - basic academic and life skills education for parenting students, social services counseling, infant care, and health services - provide parenting students, both males and females, with the necessary skills and supports so they can complete their education and initiate adult lives with a solid foundation for their children and themselves.

III. AN OVERVIEW OF FEDERAL AND STATE PROGRAMS AND SERVICES FOR PREGNANT AND PARENTING TEENS

This section provides a listing of federal and state funding available for programs that address the needs of pregnant and parenting students. Each listing is accompanied by a brief overview of program features that will assist school staff in identifying resources appropriate to the needs of their students and in soliciting funds to support school program development. All information on federal programs was taken from Teenage Parents and Teens at Risk of Pregnancy (Moore, 1983). State programs that provide services similar to those of the federal programs are highlighted in bold. Also, Appendix E contains a list of specific agencies and organizations in New Jersey that implement the state programs or that otherwise serve as resources to those wishing to establish a program for parenting teens.

A. Education and Higher Education and Employment and Training

1. Title IX of the 1972 Education Amendments

Title IX requires that pregnant students, regardless of marital status, have the same rights and responsibilities as other students. Schools are permitted to offer separate programs and special courses to pregnant students; but these programs must be voluntary, and the instructional component must be "comparable" to the curriculum provided nonpregnant students. Students are to be allowed to re-enter school at any time after delivery without a physician's permission unless such approval is required of all students absent because of a temporary disability.

Fulfillment of these requirements involves no specific action on the part of the schools. The legislation simply prohibits discrimination. Many schools have also chosen to develop affirmative action programs and policies to reduce school dropout among pregnant teens and to encourage young mothers to return to school.

Contact the New Jersey Department of Higher Education, 20 West State Street, CN 542, Trenton, New Jersey 08625.

2. Chapter I of the Educational Consolidation and Improvement Act (ECIA)

Chapter I of the ECIA replaces Title I of the Elementary and Secondary Education Act. Familiar to most schools, ECIA is directed toward underachieving students in low-income school districts. Most funds are passed on to the local education agencies that implement this program.

Since most programs are directed at the elementary school level, this program is only partly relevant to the needs of pregnant and parenting teens, who usually are in the secondary grades. Of course, to the extent that this program enhances student performance and reduces school dropout, it may help lower the incidence of early childbearing.

Contact the Division of Compensatory/Bilingual Education, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, New Jersey 08625.

3. Adult Education

Federal funding is provided to states to support adult education programs that teach literacy and life-coping skills. The general purpose is to develop functional competency through the attainment of basic literacy, completion of high school, and mastery of English as a second language. Although job readiness in a general sense is also a goal, training in specific job skills is provided through vocational education, which is discussed below.

An alternative that enables adults to complete high school, the General Education Development (GED) is a five-part examination in mathematics, reading, science, social studies, and English. Students receive instruction in an adult education program in preparation for the examination, and passing grades in all five areas of the examination qualify the student for a state-issued diploma. The lowest age of eligibility for the GED program is sixteen, and participation requires certification of nonenrollment in the resident school district by the superintendent.

Contact the Division of Adult Education, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, New Jersey 08625.

NEW JERSEY YOUTH CORPS

Designed as a second chance for young adults ages 16-25, the Youth Corps is a work-study program located in 14 sites. Academic instruction and work are combined to assist unemployed and limited-literacy youth in finding productive jobs and more satisfying lives.

Contact: Commissioner
New Jersey Youth Corps
Division of Adult Education
New Jersey State Department of Education
225 West State Street, CN 500
Trenton, New Jersey 08625

4. Vocational Education and Employment and Training

Federal monies allocated for vocational education enable states to spend funds according to their state plans. Day-care services for the children

of vocational education students at the secondary or post-secondary level may be among the support services a state chooses to provide.

Adult vocational education is directed toward older unemployed workers and school dropouts seeking vocational education. Requiring less time than the general vocational education, adult vocational education has as its primary goal developing education job skills for employment. Given the high drop-out rate among pregnant and parenting high school students and their frequent need to develop economic self-sufficiency, teenage parents can benefit significantly from this program.

The Perkins Act emphasizes providing access to vocational education for underserved populations and expanding, improving, modernizing, and developing vocational education programs to meet workforce demands. The underserved population includes the disadvantaged, single parents, or homemakers, as well as individuals who participate in programs designed to eliminate sex bias and stereotyping in vocational education. New Jersey programs funded under this act are listed in Appendix E.

Contact the Division of Vocational Education, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, New Jersey 08625.

5. Migrant Education

"...(E)arly childbearing is believed to be quite common among migrants" (Moore, 1983, p. 21). Migrant education was established to improve programs and meet the special educational needs of migratory children, including academic, remedial and compensatory, and vocational instruction; career education; special guidance counseling; and testing services.

Contact the Division of Compensatory/Bilingual Education, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, New Jersey 08625.

6. State Education Block Grant - Chapter II of the Education Consolidation and Improvement Act (ECIA)

Chapter II of the ECIA consolidated a large number of categorical grants into a block grant including emergency school aid to districts attempting to address racial discrimination. Earlier funding was directed to large urban school districts.

Contact the Commissioner, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, New Jersey 08625.

7. Women's Educational Equity

This small program works to promote educational equity for women by developing and disseminating model educational programs and materials. Pregnant teens and teenage mothers may be the focus of such efforts.

Contact the Office of Equal Educational Opportunity, Division of County and Regional Services, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, New Jersey 08625.

8. Sex Education

The National Clearinghouse for Family Planning Information, P.O. Box 2225, Rockville, MD 20852, provides a free bibliography of materials pertaining to sex education upon request. The Clearinghouse also publishes a regular bulletin that covers sex education and family planning. Since the format is topical, specific back issues might focus entirely on sex education and be relatively rich in information.

Sex education curriculum development can be funded with monies from the Education Block Grant since several of the antecedent programs consolidated in that block grant provided sex education. Title IVC of the Elementary and Secondary Education Act, for example, funded many sex education projects. Population education and parenting education, including sex education, may also be funded by the block grant.

9. Project Head Start

Head Start, which has a tradition of community support and volunteer assistance, provides a comprehensive child development program to economically disadvantaged preschoolers.

Head Start funds are allocated among the states by a formula based on each state's number of poor children. The state then allocates grants to eligible local organizations, including schools, churches, and community agencies. Local sponsors are required to provide at least 20 percent of the program expenses.

The Head Start office is housed in the Administration for Children, Youth and Families, Department of Health and Human Services, Donohoe Building, 400 Sixth Street, S.W., Washington, DC 20201.

10. Student Assistance

The Department of Higher Education in New Jersey offers a variety of financial assistance programs and support services to provide student access to higher education. Support services include counseling, tutoring, and remedial instruction to educationally and economically disadvantaged New Jersey residents attending institutions of higher education in the state. The Educational Opportunity Fund provides all the services referenced above, and the Tuition Aid Grants provide financial assistance to eligible students attending approved colleges and universities in the state.

Contact the New Jersey Department of Higher Education, 20 West State Street, CN 542, Trenton, New Jersey 08625.

11. Work Incentive Program (WIN)

The purpose of WIN is to help recipients of Aid to Families with Dependent Children (AFDC) become self-supporting wage earners by providing registrants with a wide range of employment, training, and social services. Federal law requires that individuals 16 or older who are receiving or applying for AFDC must register for WIN unless they are exempt. The categories of recipients who are exempt from the work include full-time students and mothers or other females caring for a child under six years of age when the father or other male relative in the house is registered with WIN.

Those registrants who are chosen to participate in WIN must accept available jobs, training, or needed services to prepare for employment. Refusal without good cause will result in a termination of benefits to the nonworking adult; but protective payments continue for the children in the case of a one-parent household. In a two-parent household, refusal results in the entire family becoming ineligible.

12. Job Training Partnership Act (JTPA)

A number of federal grant programs for the disadvantaged were consolidated into a single employment block grant to states under the Job Training Partnership Act. Title II-A of this Act is directed toward services for the disadvantaged. Its purpose is to prepare economically disadvantaged unskilled youth and other individuals who face serious barriers to employment for entry into productive employment. Under Title II-A, individuals who are 16 or older are eligible if they are economically disadvantaged. Under Title II-B, the separate Summer Youth Program, 14- and 15-year-old youths also may be served. Although public service employment is not allowed under this program, private sector employment is.

Although monies appropriated under this act are to be passed through the governor's office, it is the partnership established between the local government and the PIC (Private Industry Council) that determines the mix of services, training strategies, client priorities, and delivery mechanisms. The PIC must include members from education, private industry, labor, and other community resources. The initial PIC members are appointed by local elected officials. The PIC and the local government are then responsible for all aspects of the system although the governor maintains an oversight role. The Employment and Training Administration of the Department of Labor administers this program.

The address for the employment and training programs above is Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Appendix E contains a listing of programs serving pregnant and parenting teens that are sponsored by state departments and agencies. These programs may be contacted to determine how they either currently or potentially might support a school district program. The New Jersey Network on Adolescent Pregnancy (see Appendix F) publishes Resource Book:

Programs and Services Related to Adolescent Pregnancy, which provides specific service information on the county and municipality levels.

B. Social Services

1. Aid to Families with Dependent Children (AFDC) Program

AFDC, created by the Social Security Act of 1935, provides for the federal support of economically needy children without fathers although categories of eligibility for AFDC vary among the states. New Jersey has an additional eligibility category that includes two-parent families.

According to the general provisions of AFDC, the infant of an unmarried teenager qualifies for assistance if the teenager is not employed even though eligibility can begin when the mother is four months pregnant. However, the eligibility of the mother depends on her status within her parent's household and (if she continues to be a dependent) on her parent's income since they are responsible for her until she is 18 years old. Also, eligibility for AFDC includes the Medicaid benefit. A special version of an AFDC program is New Jersey's REACH.

REACH (Realizing Economic Achievement)

The goal of the New Jersey REACH program is to help able-bodied, first-time welfare recipients who are heads of households with children over the age of two to become wage earners. This program is designed to reduce the barriers to establishing self-sufficiency by providing the means to complete schooling, obtain employment training, and possibly to initiate college instruction. Support services that will eliminate the barriers to self-sufficiency include the provision of child care, continuation of Medicaid, and job placement services. Existing programs where available are utilized to provide any of the services referenced above to support the program. Also, as an incentive for the private sector to provide jobs to program participants, the program will establish public/private partnerships.

Contact: Commissioner
New Jersey Department of Human Services
REACH
Capital Place One, CN 700
Trenton, New Jersey 08625

2. Social and Community Services Block Grant Programs

Funds under these two block grants, although limited in recent years due to funding cuts by Congress, may be used for general purposes. State funding based upon populations, for example, may be used for child care or family planning. The community services block grant funds community efforts and economic development in urban areas through community action

agencies that also sponsor Head Start programs. Grant monies are sent to the states to disperse to local agencies.

3. Child Welfare Programs

These funds support child welfare services, such as foster care maintenance, family counseling, adoption, and child protective services, regardless of family income. The Adoption Assistance and Child Welfare Act of 1980 provides eligible AFDC families with foster care, family re-unification services, and adoption assistance for abused or neglected children.

4. Child Support Enforcement Program

This program, designed to enforce the support obligations of absent parents to their children, assists in locating absent parents, establishing paternity, and obtaining child support. Child support payments are made directly to the appropriate sponsoring state agency and then dispersed to the child's family. Enforcement of this policy with a teenage father is deferred until he is employed unless his parents make voluntary support payments. Two provisions of this program are:

(1) support may be collected if the state has established the obligation from the spouse; and

(2) delinquent payments can be collected from tax refunds.

AFDC recipients are required to participate and cooperate in this program.

Except where indicated, the address for additional information regarding the federal programs discussed above is Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201.

The last social service program listed in this section, a program that is unique to New Jersey, is the School-based Youth Services Program of the Department of Human Services.

SCHOOL-BASED YOUTH SERVICES PROGRAM

The School-based Youth Services Program, an initiative of the New Jersey Department of Human Services, is designed to enable adolescents, especially those with problems, to complete their education and to develop the skills that lead either to employment or additional education and to a mentally and physically healthy life.

Comprehensive services are offered to meet this goal, including employment counseling, training and placement, summer and part-time job development, drug and alcohol abuse counseling, family crisis counseling, academic counseling, primary and preventive health services,

day care services, nutrition counseling, and referrals to health and social services providers.

Targeted to young people ages 13 to 19, these services are offered in or near secondary schools in areas of need throughout the state. They involve cooperative efforts of local boards of education, not-for-profit social service agencies, health care providers, local government, parent and teacher organizations, unions, community organizations, the employment and training community, and the business community. See Appendix E for the location of the 29 New Jersey school districts participating in the school-based youth services initiative.

Contact: Commissioner
New Jersey Department of Human Services
School Based Youth Services Center
Capital Place One, CN 700
Trenton, New Jersey 08625

C. Health Services

1. Medicaid

Medicaid is a federal-state matching program that provides medical assistance to low-income individuals who are termed categorically needy because they are aged, blind, disabled, or members of families with dependent children. Within the guidelines set forth by the federal government, each state designs its own program for these recipients.

The following services are available to the categorically needy:

- inpatient and outpatient hospital services
- laboratory and X-ray services
- skilled nursing facility services for those over age 21 and home health care for those requiring skilled nursing services
- family planning services and supplies
- physicians' services
- Early and Periodic Screening, Diagnosis, and Treatment (EDSDT)

Although one half of the Medicaid recipients are children, most of the funds are expended to nursing homes and medical care facilities to provide for the elderly, disabled, retarded, and blind. HealthStart, a New Jersey program described below, provides obstetrical care to economically needy women and children.

HealthStart

New Jersey HealthStart is a joint program initiated by the departments of Health and Human Services in February, 1988. Funded through the New Jersey Medicaid Program, HealthStart provides comprehensive

maternity care to all women who are at or below the federal poverty level and preventive pediatric care to children under age two whose family income is at or below the federal poverty level. Medicaid providers holding a certificate from the Department of Health are eligible for these services.

Designed to improve the chances for healthy pregnancy outcomes, the maternal and pediatric care are comprehensive. Maternity care includes all the medical services recommended by the American College of Obstetricians and Gynecologists, as well as case coordination, social-psychological assessment and counseling, nutrition assessment and counseling, health education, and home visits. Pediatric care includes preventive health care visits and case coordination.

Contact: Commissioner
New Jersey Department of Human Services
HealthStart
Capital Place One, CN 700
Trenton, New Jersey 08625

2. Maternal and Child Health Block Grant Program

This grant program is designed to enhance the state's ability to improve the health of mothers and children. The block grant has several specific points of focus, which are to include services to low-income women and children, to reduce infant mortality, to improve primary health care for children, and to provide specialized medical and support services to children with special health care needs. The grant supports family planning, adolescent pregnancy prevention, prenatal care, outreach and education services, primary pediatric and well child services, lead poisoning and injury prevention services, dental health services, special child health services for chidren with or at risk for hazardous conditions.

The health provider is required to use a sliding fee scale for payment of patient services and to target services to low-income populations. Funds are distributed to local governments and generally are used to support existing clinics. However, clinics must first seek Medicaid reimbursement for patients served before utilizing block grant funds.

Healthy Mothers, Healthy Babies is a New Jersey program, described below, that is intended to reduce infant mortality.

Healthy Mothers, Healthy Babies

There are eight Healthy Mothers, Healthy Babies coalitions in ten high-risk New Jersey communities. The target population for the program, which is designed to reduce infant mortality, is low-income women who are at risk of poor prenatal outcomes in the communities of Atlantic City, Camden, East Orange, Jersey City, Newark, New Brunswick, Orange, Paterson, Plainfield, and Trenton.

The services provided are comprehensive prenatal care, outreach, and education for both male and female adolescents. Included are health education related to family life, the importance of early and regular prenatal care, family planning, and career and parenting skills development. Other services are nursing and health aide staff, home visits, assessments, counseling, referral, and follow-up. Adolescents receive services that stress postponing childbearing, completing school, and preparing for future parenthood.

Contact: Health Start Program
New Jersey Department of Health
363 West State Street
CN 364
Trenton, New Jersey 08625-0364

3. Family Planning Program

Family planning services can be provided with federal funds under four different programs: Social Services Block Grant, Maternal and Child Health Block Grant, Medicaid, and Title X of the Public Health Services Act. The objectives of the family planning programs when serving adolescents are to prevent adolescent pregnancy by encouraging (1) the delay of sexual activity until they are mature enough to handle it, and (2) the use of contraceptives to prevent the first pregnancy or repeat pregnancies if sexually active.

The 24 New Jersey family planning clinics, which serve approximately 37,000 adolescents each year, provide an array of services that include information and education concerning both male and female anatomy, sexually transmitted diseases, FDA approved contraceptive methods, HIV information, physical examinations, pregnancy testing, counseling, and referral. Services are provided without regard to age, race, income, or marital status and without parental notification for teenagers. Many of the family planning projects provide programs aimed directly at the adolescent, as well as courses on human sexuality in the schools.

4. Adolescent Family Life Demonstration Projects

The objectives of this program are to promote positive family-centered approaches to the problems of adolescent premarital sexual relations and adolescent pregnancy and to promote adoption as an alternative for adolescent parents. With primary emphasis on unmarried adolescents who are 17 years or younger, the last objective is to encourage the establishment of innovative, comprehensive, and integrated approaches to the delivery of care services.

Nonprofit public or private organizations, including state and local governments, can apply for a grant. Information about regulations and grant application deadlines can be obtained from the Office of Adolescent Pregnancy Programs, Office of the Assistant Secretary for Health, Department of Health and Human Services.

The address for these federal programs is Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201.

5. Alcohol, Drug Abuse, and Mental Health Block Grant Programs

The purpose of this block grant program is two-fold: (1) to support the development of more effective prevention, treatment, and rehabilitation programs and activities dealing with alcohol and drug abuse; and (2) to support community mental health centers that serve chronically mentally ill persons, including severely mentally disturbed adolescents and children. Although the number of teens with alcohol, drug, and/or mental health problems who also are pregnant or parenting is not known, the occurrence of any of these problems in a teenager who is pregnant or is caring for a baby can be critical. Therefore, knowledge of local services created through this funding source can be valuable for programs serving teens who have a variety of problems.

6. Food and Nutrition Programs

Special Supplemental Food Program for Women, Infants and Children (WIC) - WIC, which is operated by local health clinics and other authorized health facilities, is a federal program designed to provide nutritious food supplements to pregnant, breastfeeding, and postpartum women, as well as to infants and children up to their fifth birthday.

To qualify, mothers and children must be individually certified as "nutrition risks" due to inadequate income and diet. Each participating mother or child receives individually prescribed packages of foods that are high in protein, iron, calcium, vitamin A, and vitamin C. Depending on the age and nutritional needs of the woman, infant, or child, the package includes iron-fortified cereal, eggs, juice, cheese, and milk or fortified infant formula. Since teen mothers have a higher incidence of low birthweight babies, they would easily qualify for the program.

Nationally, the WIC program is administered through the Department of Agriculture, Supplemental Goods Programs Division. Locally, the program is sponsored by the New Jersey Department of Health, Capital Place One, CN 700, Trenton, New Jersey 08625.

Food Distribution Program - Through the Food Distribution Program, USDA purchases surplus foods from U.S. markets and distributes them to state agencies for use by eligible local agencies. Among those served are nutrition programs for the elderly, needy families on Indian reservations, hospitals, and prisons, as well as schools and institutions participating in child nutrition programs. Currently, schools receive 70 percent of the foods donated by USDA.

Commodity Supplemental Food Program (CSFP) - Through the Commodity Supplemental Food Program, the Department of Agriculture donates

commodity foods to state agencies for distribution to low-income women and children who are certified as needy. Those eligible for the program include infants, children up to age six, and pregnant and/or breastfeeding women vulnerable to malnutrition.

To take part in the CSFP, women and children must qualify for benefits under an existing federal, state, or local food, health, or welfare program established for low-income people. Participating women and children receive prescribed food items that they pick up at a distribution center. Food preparation instructions and practical lessons on nutrition augment the program.

National School Lunch and Breakfast Program - Federal funds are provided for breakfast and lunch to participating public and nonprofit private schools, including residential child care institutions, for students at or below the poverty level. Subsidized meals are provided for students who are at a specific level above the poverty line. In addition to cash assistance, participating schools receive donated commodities and technical assistance. Nationally, the program is administered by the School Programs Division of the Food and Nutrition Service, Department of Agriculture (USDA). The Bureau of Child Nutrition, New Jersey State Department of Education, sponsors this program locally.

Child Care Food Program - The Child Care Food Program helps child care facilities and institutions serve nutritious meals and snacks to preschool and school-aged children. To participate, facilities and institutions must be licensed or approved to provide child care services, and must meet certain other eligibility requirements. The program operates in nonresidential day-care centers, settlement houses, outside-school-hours care centers, family day-care homes, and institutions providing day care for handicapped children.

Participating facilities and institutions receive cash assistance, USDA-donated foods, and technical guidance. In child-care centers, the amount of cash assistance varies according to the family size and income of the children served. In day-care homes, the amount of cash assistance is based on a food service payment rate. Nationally, the Department of Agriculture oversees the program; in New Jersey, the Department of Education's Bureau of Child Nutrition is the sponsor.

Summer Food Service Program - The Summer Food Service Program for children helps communities serve meals to needy children when school is not in session and when other school food programs are not operating. The program can be sponsored by public or private nonprofit school food authorities or local, municipal, county, or state governments. Public and private nonprofit residential camps also may be sponsors.

The program operates in areas in which at least 50 percent of the children served at the site meet the income criteria for free and reduced-price school meals. USDA reimburses sponsors for the operating

costs of food services up to a specified maximum rate for each meal served. In addition, sponsors receive some reimbursement for planning, operating, and supervising expenses. Nationally, the program is administered by the Child Care and Summer Programs Division, Food and Nutrition Service, Department of Agriculture. The Bureau of Child Nutrition in the Department of Education is the sponsor in New Jersey.

Special Milk Program for Children - The Special Milk Program for Children makes it possible for all children attending participating schools and institutions to purchase milk at a reduced price or to receive it free. Reimbursement is provided for each half-pint of milk served under the program. Schools and institutions that participate in other federal-state child nutrition programs are not eligible to participate in the Special Milk Program for Children. Nationally administered by the School Programs Division of the Food and Nutrition Service in the Department of Agriculture, the program is sponsored by the Bureau of Child Nutrition in the Department of Education in New Jersey.

Nutrition Education and Training Program - Under the Nutrition Education and Training Program, funds are granted to state education agencies for the dissemination of nutrition information to children and for in-service training of teachers and food service personnel. One of the program's major goals is to encourage good eating habits. It is not known whether any special activities have been directed at pregnant students or teenage parents; but they would be well served by such instruction. The Nutrition and Technical Services, Division of the Food and Nutrition Service, Department of Agriculture, handles this program. In the New Jersey State Department of Education, the Regional Curriculum Services Unit - North coordinates the program.

Food Stamp Program - The purpose of the food stamp program is to increase the purchasing power of low-income households to purchase a low-cost foods that are nutritionally adequate. Benefit levels and eligibility criteria are federally determined. Food stamps are provided to make up the difference between the determined amount and the amount deemed necessary to purchase adequate low-cost diets. Participating families receive coupons free of charge that they can exchange for food at authorized stores.

Unlike the AFDC, the food stamp program has few categorical restrictions on eligibility. Food stamp benefits are available to nearly all households, regardless of family composition, that meet the income criteria. Consequently, married couples are eligible.

The address for the federal food programs is Department of Agriculture, 14th Street and Independence Avenue, S.W., Washington, DC 20250. For the state program, the address is the Bureau of Child Nutrition, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, New Jersey 08625.

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APPENDICES

Appendix A Provides statute and code that relate specifically to teenage pregnancy and the provision of school intervention services.

Appendix B Demonstrates school district recognition of the need to serve this population and the ways in which that recognition is expressed in school board policy.

Appendix C Identifies written materials that may be used for intervention curriculum and program development.

Appendix D Lists model programs which districts may contact for planning and implementation strategies.

Appendix E Lists state-funded programs which districts may contact to develop cooperative services.

Appendix F Lists both private and public organizations and associations which districts may contact for training, research, and funding.

APPENDIX A: LAWS PERTAINING TO PREGNANT AND PARENTING TEENS

1. N.J.A.C. 6:4-1.1 Equality in Educational Programs

2. N.J.S.A. 9:17A-1 Consent by minor to performance of medical or surgical care and procedure by hospital or licensed physician

3. N.J.S.A. 9:17A-4 Consent by minor to medical care or treatment of venereal disease, drug use, or dependency on drugs.

N.J.A.C. 6:4-1.1 et seq. EQUALITY IN EDUCATIONAL PROGRAMS

6:4-1.1 Purposes and objectives

The New Jersey Constitution and implementing legislation guarantee each child in the public schools equal educational opportunity regardless of race, color, creed, religion, sex, ancestry, national origin, or social or economic status. To assure these basic rights, the Commissioner of Education and the State Board of Education have developed these regulations which specifically implement N.J.S.A. 18A:36-20 and the State Board of Education resolution concerning sex equality in educational programs. These regulations have also been developed in conformity with relevant Federal and State statutes concerning discriminatory conduct.

6:4-1.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Discriminatory practice" means an action or failure to act based upon race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

"Educational activities and programs" means all activities and programs conducted or sponsored by the school either during the school day or after regular school hours.

"School" means every public elementary or secondary school, every regional school, every county vocational school, or any other public institution providing special or general educational services to students from grades K through 12.

6:4-1.3 Policy development

(a) Each local school district shall develop a policy of equal educational opportunity to be adopted as a resolution by the board of education. The school district shall inform the community it serves of this resolution by publicizing it in an adequate manner, including but not limited to the district's customary methods of information dissemination.

(b) Each local school district shall develop two affirmative action programs or plans, which shall include timetables for corrective action to overcome the effects of any previous patterns of discrimination which may exist and a systematic internal monitoring procedure to ensure continuing compliance.

1. One such program or plan shall include, but need not be limited to, action as required by Section 5 (School and classroom practices) of this Subchapter.

2. Another program or plan shall include, but need not be limited to, action as required by Section 6 (Employment/contract practices) of this Subchapter.

3. The programs or plans shall be made available for review to all interested parties.

(c) Each local school district shall designate a member of its professional staff as the affirmative action officer to coordinate and implement the district's efforts to comply. The progress of the district in complying shall be reported by the superintendent to the board of education as it shall require.

(d) As part of its affirmative action programs or plans, each local school district shall arrange for or provide in-service training for school personnel on a continuing basis to identify and resolve problems arising from prejudice on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

(e) Each board of education shall adopt and approve courses of study, instructional materials, and programs designed to eliminate discrimination and promote understanding and mutual respect between children of different races, colors, creeds, religions, sexes, ancestries, national origins, or social or economic status. Community involvement in this process shall be encouraged.

(f) The local school district shall evaluate courses of study and instructional materials already in use to determine whether they are designed to achieve the objectives set forth in subsection (e) and shall supplement them as necessary where they are not so designed. As the use of such courses and materials is discontinued in the normal course of events, the local school district shall replace them with courses and instructional materials designed to meet the objectives set forth in subsection (e) of this section.

6:4-1.4 Technical assistance

The commissioner or designee shall provide technical assistance to local school district for the development of policy guidelines, procedures, and in-service training for school personnel so as to aid in the elimination of prejudice on the basis of race, color, creed, religion, sex, ancestry, or social or economic status.

6:4-1.5 School and classroom practices

(a) No student shall be denied access or benefit from any educational program or activity solely on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

(b) There shall be no differential requirements for completion of course offerings or courses of study solely on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

(c) There shall be no discrimination against students because of pregnancy, childbirth, pregnancy-related disabilities, actual or potential parenthood, or family or martial status. A student shall not be excluded from any educational program or activity because of pregnancy or related conditions unless she so requests or a physician certifies that such

exclusion is necessary for her physical, mental, or emotional well-being. If she is excluded for these reasons, she must be provided with adequate and timely opportunity for instruction to continue or make up her schoolwork without prejudice or penalty.

(d) Public school students shall not be segregated on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

1. A local school district shall provide for separate restroom, locker room, and shower facilities on the basis of sex, but such facilities provided for students of one sex shall be comparable to such facilities provided for students of the other sex.

(e) No course, including but not limited to physical education, health, industrial arts, business, vocational or technical courses, home economics, music, and adult education shall be offered separately on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

1. Portions of classes which deal exclusively with human sexuality may be conducted in separate sessions for boys and girls, provided that the course content for such separately conducted sessions is the same.

(f) The athletic program, including but not limited to intramural, extramural, and inter-scholastic sports, shall be available on an equal basis to all students regardless of race, color, creed, religion, sex, ancestry, national origin, or social or economic status. The athletic program as a whole shall be planned to ensure that there are sufficient activities so that the program does not deny the participation of large numbers of students of either sex.

1. The activities comprising such athletic program shall receive equitable treatment, including but not limited to staff salaries, purchase and maintenance of equipment, quality and availability of facilities, scheduling of practice and game time, length of season, and all other related areas of matters.

2. A school may choose to operate separate teams for the two sexes in one or more sports and/or single teams open competitively to members of both sexes, so long as the athletic program as a whole provides equal opportunities for students of both sexes to participate in sports at comparable levels of difficulty and competency.

(g) School personnel shall not use tests, procedures, or other guidance and counseling materials which are differentiated or stereotyped on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

When informing students about possible career, professional, and/or vocational opportunities, school personnel shall in no way restrict or limit the options presented to students on the basis of race, color, creed, religion, sex, ancestry, national original, or social or economic status.

6:4-1.6 Employment/Contract practices

(a) All persons regardless of race, color, creed, religion, sex, or national origin shall have equal access to all categories of employment in the public educational system of New Jersey.

(b) All New Jersey public school districts shall comply with all State and Federal laws related to equal employment, including but not limited to the New Jersey Law Against Discrimination (N.J.S.A. 10:5-1 et seq.), Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Executive Order 11246 as amended, Equal Pay Act of 1963 as amended, and Title IX of the Education Amendments of 1972 (Higher Education Act).

(c) No school district shall enter into any contract with a person, agency, or organization if it has knowledge that such person, agency, or organization discriminates on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status, either in employment practices or in the provision of benefits of services to students or employees.

6:4-1.7 Compliance

(a) Each school district shall submit to the Commissioner of Education or designee a copy of its resolution of equal educational opportunity (see N.J.A.C. 6:4-1.3(a)) and the name of its affirmative action officer (see N.J.A.C. 6:4-1.3(c)) within 60 days of the effective date of these regulations.

(b) Each school district shall, within 120 days of the effective date of these regulations, submit its proposed program or plan of affirmative action for school and classroom practices (see N.J.A.C. 6:4-1.3(b)).

(c) Each school district shall, within 180 days of the effective date of these regulations, submit its proposed program or plan of affirmative action for employment/contract practices (see N.J.A.C. 6:4-1.3(b)).

(d) The commissioner or designee shall review the programs or plans, approve or reject said plans, and shall notify the school system of his decision within 60 days of receipt of the plans.

(e) If the plan is in any way unacceptable, the commissioner shall designate a person or persons to work with the school district to develop an acceptable plan, which must be completed and approved within 60 days of the receipt of the notice that the original plan was unacceptable.

(f) The plan must be initiated within a time period not to exceed 120 days from the time of its approval and must be fully implemented in accord with an approved timetable.

(g) If within one year of the effective date of the affirmative action plan a school district is still found not to be in compliance with these regulations or its plan was not implemented, the commissioner may initiate,

with the approval of the State Board of Education, action to suspend, terminate, or refuse to award continued Federal or State financial assistance. The commissioner may also make referral to any appropriate judicial and/or administrative Federal, State, or local agencies.

6:4-1.8 State review and evaluation

(a) At least once every three years the commissioner or designee shall review and evaluate the progress of each school district in implementing its affirmative action plan. If sufficient appropriations exist, the commissioner may utilize the services of qualified independent consultants to effectuate the review and evaluation. The commissioner shall provide each local school district with a copy of such analysis.

(b) The board of education of each local school district shall make available to the community a summary of the review and evaluation in accordance with the procedures adopted pursuant to N.J.A.C. 6:4-1.2(a).

(c) Any and all inadequacies in the program plan as revealed in the review and evaluation shall be corrected as soon as practicable, but in no case shall correction of the plan be delayed more than 60 days from receipt of notice of inadequacy or noncompliance. If such inadequacy is not corrected in the specified time, it shall result in the procedure described in N.J.A.C. 6:4-1.7(g).

6:4-1.9 Appeals

In accordance with N.J.S.A. 18A:6-9, any individual may petition the Commissioner of Education to resolve a dispute arising under these regulations pursuant to procedures set forth in N.J.A.C. 6:24-1.1 et seq.

6:4-1.10 Effect of related services

The obligation to comply with these regulations is not obviated or alleviated by any State or local law or rule or regulation of any organization, club, athletic or other league or association which would limit the eligibility or participation of any student on the basis of race, color, creed, religion, sex, ancestry, national origin, or social or economic status.

N.J.S.A. 9:17A-1. CONSENT BY MINOR TO PERFORMANCE OF MEDICAL OR SURGICAL CARE AND PROCEDURE BY HOSPITAL OR LICENSED PHYSICIAN

The consent to the performance of medical or surgical care and procedure by a hospital or by a physician licensed to practice medicine and surgery executed by a married person who is a minor, or by a pregnant woman who is a minor, or on his or her behalf or on behalf of any of his or her children, shall be valid and binding, and, for such purposes, a married person who is a minor or a pregnant woman who is a minor shall be deemed to have the same legal capacity to act and shall have the same powers and obligations as has a person of legal age. Notwithstanding any other provision of the law, an unmarried, pregnant minor may give consent to the furnishing of hospital, medical, and surgical care related to her pregnancy or her child, and such consent shall not be subject to disaffirmance because of minority. The consent of the parent or parents of an unmarried, pregnant minor shall not be necessary in order to authorize hospital, medical, and surgical care related to her pregnancy or her child.

N.J.S.A. 9:17A-4. CONSENT BY MINOR TO MEDICAL CARE OR TREATMENT FOR VENEREAL DISEASE, DRUG USE OR DEPENDENCY ON DRUGS

The consent to the provisions of medical or surgical care or services by a hospital, public clinic, or the performance of medical or surgical care or services by a physician, licensed to practice medicine, when executed by a minor who is or professes to be afflicted with a venereal disease, shall be valid and binding as if the minor had achieved his or her majority, as the case may be. Any such consent shall not be subject to later disaffirmance by reason of minority.

When a minor believes that he is suffering from the use of drugs or is a drug dependent person as defined in N.J.S.A. 24:21-1, his consent to treatment under the supervision of a physician licensed to practice medicine shall be valid and binding as if the minor had achieved his or her majority, as the case may be. Any such consent shall not be subject to later disaffirmance by reason of minority. Treatment for drug use or drug abuse that is consented to by a minor shall be considered confidential information between the physician and his patient and neither the minor nor his physician shall be required to report such treatment, when it is the result of voluntary consent, except as may be required by the Controlled Dangerous Substances Registry Act of 1970. (C.26:2G-17 et seq.).

The consent of no other person or persons, including but not limited to a spouse, parent, custodian or guardian, shall be necessary in order to authorize such hospital or clinical care or services or medical or surgical care or services to be provided by a physician licensed to practice medicine to such a minor.

APPENDIX B: SAMPLE SCHOOL POLICIES RELATED TO PREGNANT AND PARENTING TEENS

SAMPLE 1

MARRIED/PREGNANT PUPILS

No pupil, whether married or unmarried, who is otherwise eligible to attend the district's school shall be denied an educational program solely because of pregnancy, childbirth, pregnancy-related disabilities, or actual or potential parenthood.

The board reserves the right to require, as a prerequisite for attendance in the regular classes of the school and the extracurricular program of the school, that each pregnant pupil submit to periodic medical examination by a physician at the intervals prescribed by that physician.

Pregnant pupils shall be permitted to continue in school in all instances when continued attendance has the sanction of the expectant mother's physician. The physician's approval of this continued attendance must be on file at the school.

A pregnant pupil who does not wish to attend regular classes, or who is physically unable to do so, during her pregnancy may, on her request, be assigned to an individual (home) instruction program.

A pupil who has received an alternate educational program for reasons associated with her pregnancy shall be re-admitted to the regular school program upon her request and the written statement of a physician that she is physically fit to do so.

Date:

Legal References:	N.J.S.A.	10:5-3	Law against discrimination
	N.J.S.A.	18A:36-20	Discrimination prohibited
	N.J.A.C.	6:4-1.5(c)	School and classroom practices

Title IX of the Education Amendments of 1972, 20 U.S.C.A. 1681

Possible Cross References:	5141.3	Health examinations and immunizations
	5145.4	Equal educational opportunity
	6145	Extracurricular activities
	6154	Homework/make-up work
	6172	Alternative educational programs
	6173	Home instruction

SOURCE: New Jersey School Boards Association

SAMPLE 2

MARRIED/PREGNANT STUDENTS

In compliance with the New Jersey Administrative Code, the Elizabeth Board of Education affirms that there shall be no discrimination against students because of pregnancy, childbirth, pregnancy-related disabilities, actual or potential parenthood, or family or marital status. A student shall not be excluded from any educational program or activity because of pregnancy or related conditions unless she so requests or a physician certifies that such exclusion is necessary for her physical, mental, or emotional well-being. If she is excluded for these reasons, she must be provided with adequate and timely opportunity for instruction to continue or make up her schoolwork without prejudice or penalty.

The Elizabeth Board of Education directs establishment of a special full-time program for pregnant students. Students have the option of remaining in the regular school program or attending the special program. If a pregnant student is unable to attend either the regular program or the special program because of health problems, home instruction is provided.

Pregnant students from other school districts may be assigned to the special health class on a tuition basis, if approved by the Board of Education.

Date: November 13, 1986

Legal References:

N.J.S.A.	10:5-3	Law Against Discrimination
N.J.S.A.	18A:36-20	Discrimination prohibited
N.J.A.C.	6:4-1.5(c)	Discrimination prohibited

Title IX of the Education Amendments of 1972, 20 U.S.C.A. 1681

SOURCES: New Jersey School Boards Association
Elizabeth Public Schools

SAMPLE 3

MARRIED/PREGNANT PUPILS

Pregnant pupils shall be encouraged to continue in school in all instances when continued attendance has the sanction of the expectant mother's physician.

There shall be no discrimination against pupils because of pregnancy, childbirth, or pregnancy-related disabilities. A pupil shall not be excluded from any educational program or activity because of pregnancy or related conditions unless she so requests or a physician certifies that such exclusion is necessary for her physical, mental, or emotional well-being.

The pupil, her physician, and her immediate family must be consulted in developing the educational plan to fit her needs.

If she is excluded for these reasons, she must be provided with adequate and timely opportunity for instruction to continue or make up her school work without prejudice or penalty. The child study team must be involved in the consideration of alternative programs.

Date: March 20, 1986

Legal References:

N.J.S.A.	10:5-3	Law Against Discrimination
N.J.S.A.	18A:36-20	Discrimination prohibited
N.J.A.C.	6:4-1.5(c)	No discrimination in classroom practices

Title IX of the Education Amendments of 1972, 20 U.S.C.A. 1681

Cross Reference: 6173 Home Instruction

SOURCES: New Jersey School Boards Association
Closter Board of Education

SAMPLE 3

MARRIED/PREGNANT PUPILS

No pupil, whether married or unmarried, who is otherwise eligible to attend the schools of this district shall be denied an educational program solely because she is pregnant.

The board reserves the right to require as a prerequisite for attendance in the regular classes of the schools and the cocurricular program of the schools that each pregnant pupil submit to periodic medical examination by a physician at the intervals prescribed by that physician, and present to the superintendent her physician's written statement that such activity will not be injurious to her health nor jeopardize her pregnancy.

The superintendent shall develop procedures for the implementation of this policy which shall include:

A. Providing counseling services to help the pregnant pupil plan her future wisely;

B. Cooperating with community resources to assist the pregnant pupil;

C. Communicating with the parents/guardians of pregnant pupils, except that the request of any pregnant pupil age 18 or over that her parents/guardians not be informed shall be honored.

Date: May 19, 1987

Legal References:

N.J.S.A.	10:5-3	Law Against Discrimination
N.J.S.A.	18A:36-20	Discrimination prohibited
N.J.A.C.	6:4-1.5(c)	No discrimination in classroom practices

Title IX of the Education Amendments of 1972, 20 U.S.C.A. 1681

Sources: New Jersey School Boards Association
Roselle Park Board of Education

6249j

APPENDIX C: ANNOTATED LISTING OF CURRICULUMS, CURRICULAR AIDS, AND OTHER RESOURCES

ANNOTATED LISTING OF CURRICULUMS, CURRICULAR AIDS, AND OTHER RESOURCES

Building Self-Sufficiency: A Guide to Vocational and Employment Services for Teenage Parents

Denise F. Polit
Jefferson City, MO: Humanalysis, Inc., 1986.

This book presents a discussion of the employment needs of teen parents and whether they should participate in employment services, as well as procedures for establishing an employment training program, program design, and related program needs for the student.

Children as Parents: Final Report on a Study of Childbearing and Child Rearing among 12- to 15-year-olds

Shelby Miller
New York: Child Welfare League of America, 1983.

Through discussions of the behavior of 12- to 15-year-old teen parents, this book provides information on the distinction between younger and older teen parents.

Choices and Circumstances

Kristin A. Moore, Margaret C. Simms, & Charles L. Betsey
New Brunswick, NJ: Transaction Books, 1986.

This research study emphasizes how access to information and services and the aspirations of youth affect their future. The discussion of ethnic and racial differences in childbearing will assist in developing programs that address the needs of this population.

Families in Peril: Agenda for Social Change

Marian Wright Edelman
Cambridge, MA: Harvard University, 1987.

This book examines the social context for teenage pregnancy within the larger culture.

For Young Men

Washington, DC: Center for Population Options, 1983.

This book provides sexuality education strategies for those people working with teen males.

Food for the Teenager during and after Pregnancy

Washington, DC: DHHS (Publication (HRSA) 82-5606)
Bureau of Health Care Delivery and Assistance, Division of Maternal and Child Health Care Rockville, MD 20857, 1982.

This publication provides pre- and postnatal nutrition information.

In School Together

Michele Cahill, J. Lynne White, David Lowe, & Lauren E. Jacobs
New York: Academy for Educational Development, 1987.

With its comprehensive coverage of how to establish an infant care center and service the teenage mother, this publication is an excellent resource for school districts that are starting such a program.

Information Packet for Men

Grand Rapids, MI: Planned Parenthood Centers of W. Michigan, 1985.

This packet, prepared especially for men, contains information regarding pregnancy and sexuality.

Meeting the Needs of School Age Pregnant and Parenting Students: A Curriculum Guide for Consumer and Homemaking Education

Vivian Gunn Morris in cooperation with the Division of Vocational Education
Trenton: New Jersey State Department of Education (forthcoming).

This publication presents a curriculum that will enable home economics teachers to meet the immediate, short-term needs of pregnant and parenting students. Reading, writing, and mathematics skills that are normally a part of home economics content are reinforced throughout the guide.

Programs at a Glance

Sean Casey & Sydney Earle Cone
Washington, DC: Center for Population Options, 1986.

Through its annotated list of programs for prevention and services to pregnant and parenting teens, this publication includes a wide variety of approaches to the subject.

The Response of the Schools to Teenage Pregnancy and Parenthood

Gail Zellman
Santa Monica, CA: Rand Corporation, 1981.

This book discusses the dynamics of a student's decision to drop out of school, addresses how schools respond to keeping such students in school, and determines if programs are meeting the needs of pregnant students.

Starting Out...A Job-Finding Handbook for Teen Parents

Neva N. Harden
Albuquerque, NM: New Mexican University, 1986.

Designed to prepare teen parents for work, this practical guide contains information on job interests, job searching, interviewing and resume writing, as well as information to help students once they get a job.

Teen Age Guide

New Jersey Council, Delta Sigma Theta Sorority, Inc.
Trenton: New Jersey Department of Community Affairs, June 1988.

This guide contains a comprehensive listing of services for teenagers with an emphasis on teen parents in Atlantic, Bergen, Burlington, Camden, Essex, Mercer, Middlesex, Monmouth, Passaic, Somerset, and Union Counties.

Too Little, Too Late: Services for Teenage Parents

Elizabeth A. McGee
New York: Ford Foundation, 1982.

The Ford Foundation sponsored this study, which evaluates program services for pregnant and parenting adolescents. The research includes a discussion of how the services should be geared in order to meet the characteristic needs of adolescent parents effectively.

Working with Teen Parents: A Survey of Promising Approaches

Phyllis Smith Nickel & Holly Delany
Chicago: Family Resource Coalition, 1985.

This book discusses the elements necessary for good program service delivery.

OTHER RESOURCES

Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships

Ruth Bell
New York: Random House, 1980.

The Exploring Parenthood Program

Roy Littlejohn Associate, Inc.
1328 New York Avenue
Washington, DC 20003

"How Will I Support My Baby?": Administrator's Guide to Vocational Programming for Adolescent Parents

Boston, MA: Grants Planning and Coordination Units
Department of Manpower Development, Commonwealth of Massachusetts

Parent Education Curriculum

Linda Jennings
Bridge Family Life Center
23 Beacon Street
Boston, MA 02108

Life Skills Curriculum

Bridge Family Life Center
23 Beacon Street, Boston, MA 02108

Male Teen Program Manual

Carolyn Gold
Atlanta, GA: Planned Parenthood of Atlanta, 1980.

Resource Book: Programs and Services Related to Adolescent Pregnancy

Ruth Banks, Editor
New Jersey Network on Adolescent Pregnancy
New Brunswick: Rutgers-The State University, 1982.

Training for Transition: A Guide for Training Young Mothers in Employability Skills

Elizabeth McGee
New York: Manpower Demonstration Research Corporation, 1985.

APPENDIX D: MODEL PROGRAMS FOR PREGNANT AND PARENTING TEENS

MODEL PROGRAMS FOR PREGNANT AND PARENTING TEENS

The following programs offer comprehensive school-based programs for pregnant and parenting teens. The list is organized according to the category of services these programs provide. The programs for teen fathers are not as comprehensive since they address only one aspect of teen parenthood; however, programs are included as a resource.

Infant Care Programs

Center for Infant Development
Elizabeth, New Jersey

LYFE - Living for Young Families through Education
High School of Telecommunications, Arts & Technology
New York City Board of Education
Brooklyn, New York

Polytechnic High School
Fort Worth, Texas

Preschool/Parenting Learning Center of Rule High School
Knoxville, New Jersey

Educational and Medical Services Programs

Camden County Department of Health
1800 Pavilion West
2101 Ferry Avenue
Camden, New Jersey 08104

Cyesis Program for School-Age Parents
3550 Wildinson Road
Sarasota, Florida 33581

Education for Responsible Parenthood
Dallas Independent School District
Parent Materials and Information Center
5000 Oakland
Dallas, Texas 75215

Lula Belle Stewart Center
1534 Webb Avenue
Detroit, Michigan 48206

Teen Mother Program
Tracey School
1222 Cuesta
Cerritos, California 90701

Teen Parent Family Support Program
Alliance for Young Families
818 Harrison Avenue, HOB #402
Boston, Massachusetts 02118

Teenage Parent Alternative School Program
Wayne County Intermediate School District
2000 Pagel
Lincoln Park, Michigan 48186

Saint Louis Parent/Infant Interaction Program
Vashon High School
3405 Bell, Room 107
St. Louis, Missouri 63106

TOPPS Program - Training Options for Pregnant and Parenting Students
Burlington County Special Services School District
Box 775 - Woodlane Road
Mt. Holly, New Jersey 08060

Employment Training Programs for Parenting Teens

Beginnings
Employment Resources, Inc.
50 Essex Street
Cambridge, Massachusetts 02139

Discovery
Face to Face
730 Mendota Street
St. Paul, Minnesota 55106

Expanding Options for Teen Mothers
New York Technical College of the
City University of New York
300 Jay Street
Brooklyn, New York 11201-2983

MACE Teen Parent Center
121 South Harvey Street
Greenville, Massachusetts 38701

New Futures School
2120 Louisiana, NE
Albuquerque, New Mexico 87110

Salem YWCA Teen Mothers Program
768 State Street
Salem, Oregon 97301

Skills Get Jobs
Brooklyn YWCA
30 Third Avenue
Brooklyn, New York 11217

Teen Parent Assistance Program
Oakland Unified School District
Grant High School
417 29th Street
Oakland, California 94609

Teenage Pregnancy and Parenting Project
1325 Florida Street
San Francisco, California 94110

Via de Amistad Program
Chicanos por la Causa
1402 South Central Avenue
Phoenix, Arizona 85004

Young Parents Program
Illinois Department of Public Aid
2036 South Michigan
4th Floor
Chicago, Illinois 60616

Teen Father Programs

Carri Program - Services for Teen Parents
University of Medicine and Dentistry of New Jersey
Community Mental Health Center of the Rutgers Medical School
P.O. Box 101
Hoes Lane
Piscataway, New Jersey 08854

Fatherhood Project
NCJW Teen Parent Program
2041 West Everett
Portland, Oregon 97209

Male Involvement Program
Planned Parenthood of Austin
1823 East 7th Street
Austin, Texas 78702

Teen Father Collaboration
Bank Street College of Education
610 West 112th Street
New York, New York 10025

Teen Fathers Program
The Medical College of Pennsylvania Hospital
3300 Henry Avenue
Philadelphia, Pa. 19129

Teen Fathers Program: A Family Service
8555 Hough Avenue
Cleveland, Ohio 44103

APPENDIX E: NEW JERSEY STATE PROGRAMS FOR PREGNANT AND PARENTING TEENS

NEW JERSEY STATE PROGRAMS FOR PREGNANT AND PARENTING TEENS

DEPARTMENT OF CORRECTIONS

Wee Care Program
601 North Clinton Avenue
Trenton, New Jersey

A day treatment program for teenage mothers and pregnant teens who have been victims of child abuse and are now in conflict with the law.

DEPARTMENT OF HUMAN SERVICES

Public Welfare

Teen Progress/Teen Parent Program for Economic Self-Sufficiency
New Jersey Department of Human Services
222 South Warren Street
Trenton, New Jersey 08625

Located in Camden and Newark, this demonstration project provides education and work-related activities to nearly 2,000 applicants for AFDC who are under twenty years of age in order to reduce the probability of long-term welfare dependency. Day care is provided when possible.

Division of Youth and Family Services*

Atlantic County

Family Life Center
Family Services Association
312 East White Horse Pike
Absecon Highlands, New Jersey

Although the services provided are not exclusively for teen parents, a support group for "young mothers" is offered. Psychiatric therapy services are also available for approximately 762 teens.

Bergen County

Children's Aid & Adoption Society
Mother & Child Treatment Home Program
360 Larch Avenue
Bogota, New Jersey 07603

This program provides therapeutic foster homes to mothers 12-18 years of age and their babies. Services include supportive counseling, parenting instructions, and help in planning for the baby's future.

Urban League of Bergen County
Teenage Pregnancy Program
106 West Palisades Avenue
Englewood, New Jersey 07631

Through this program, pregnant teens are provided both individual and group counseling information and referral and nutritional and parenting education.

Westside Infant Day Care Center
Infant Day Care
192 West Demarest Avenue
Englewood, New Jersey 07631

This program provides day care services for twelve infants and life skills education for mothers of children in infant day care slots.

Burlington County

Burlington Family Services Agency
9-11 Garden Street
Mt. Holly, New Jersey 08060

The Burlington Family Services Agency provides individual and group counseling; parenting education options counseling; and advocacy in obtaining medical services, adequate housing, and child care. This agency also provides group home services to 20 teenage girls in Hainesport, New Jersey.

Camden County

Camden County Board of Social Services
Adolescent Parent Program
808 Market Street
Camden, New Jersey 08101

The Adolescent Parent Program provides pregnant teens with personal support and services throughout their pregnancy and for one year following delivery. Services include educational, family life, and parenting instruction; pregnancy testing and maternity counseling; adoption counseling and referral; prenatal and postpartum care; nutrition information and WIC services; prenatal and baby care classes for teens; and assistance/support in continuing education and/or vocational training.

Southern New Jersey Prenatal Cooperative
1800 Pavilion West
2101 Ferry Avenue
Camden, New Jersey 08104

The cooperative provides early and intensive intervention for high-risk infants and their families. This program is not focused specifically on pregnant or parenting teens, but it is anticipated that many young girls will be served by this contract.

YWCA of Camden County and Vicinity
Parent Enrichment Program (PEP)
710 West Laurel Road
Stratford, New Jersey

PEP provides family assessments and service plans; weekly home visits to demonstrate appropriate child development activities and effective parenting and discipline skills; monthly parent support groups; and weekly parent training classes.

Cumberland and Gloucester Counties

Family Services of Cumberland & Gloucester Counties
30 Pine Stret
Bridgeton, New Jersey 08302

This agency provides weekly parenting education through eight 2½ hour sessions.

Essex County

AD HOUSE
122 Clinton Place
Newark, New Jersey 07108

AD House provides counseling and parenting education; support groups; transportation; and prenatal, child birth, and nutritional information.

Big Brothers/Big Sisters of Newark
29 Park Street
Bloomfield, New Jersey 07003

This organization provides companionship, role-modeling, and support services to adolescents at risk (Newark).

PSI SERVICES, INC.
242 Old New Brunswick Road
Piscataway, New Jersey 08854

Through this program, teen mothers in Newark and Essex County obtain support services that include one hour per week of individual home-based counseling and group workshops.

Tri-City Peoples
675 South 19th Street
Newark, New Jersey 07103

The infant day care services of Tri-City Peoples provides educational family assistance to adolescent mothers and their babies, as well as training in child care skills, job readiness, and a supportive referral system. Emphasis is placed on providing these services in the home.

The adolescent pregnancy prevention program provides support services to pregnant or parenting teens and early intervention services to at-risk females between the ages of 10 and 17 who have siblings. The program, which also assists teen mothers in attaining economic self-sufficiency and self-reliance, provides training in family planning, health care, nutrition, education, and employment.

Urban League of Essex County
Comprehensive Family Counseling Service
508 Central Avenue
Newark, New Jersey

This service, which focuses on job readiness and employment, offers weekly educational sessions that address parenting skills, health, nutrition, and goal setting.

YWCA of Essex and West Hudson
395 Main Street
Orange, New Jersey 07050

Through the YMCA, adolescents at risk obtain psychological/therapeutic counseling and support services.

Youth Consultation Services
New Horizons
284 Broadway
Newark, New Jersey 07104

New Horizons provides support services to pregnant and parenting teens and early intervention services to females at risk between the ages of 10 and 17 who have siblings. The program also assists teen mothers in attaining economic self-sufficiency and self-reliance and actively involves local residents in an attempt to promote healthier lifestyles as an alternative to early child bearing.

Hudson County

Catholic Community Services
Grand Avenue Family Resource Center and Teenage
Pregnancy Program
249 Virginia Avenue
Jersey City, New Jersey 07304

This program provides individual and group counseling; transportation services, prenatal, parenting, nutritional, and child care education; advocacy; information and referral; and self-help support groups for pregnant teens.

Health Services of Hudson
Teen Pregnancy Program
714 Bergen Avenue
Jersey City, New Jersey 07306

This program provides pre- and postnatal counseling, nutritional information, crisis intervention, and parenting education, as well as community education.

Urban League of Hudson County
Adolescent Parenting Program
779 Bergen Avenue
Jersey City, New Jersey 07306

The Adolescent Parenting Program provides individual and group counseling; information and referral; and nutritional, parenting, career, and housing services and training at the main office in Jersey City.

Mercer County

Children's Home Society
929 Parkside Avenue
Trenton, New Jersey

The Children's Home Society provides extended family care that includes substitute living arrangements for pregnant and parenting teens and their children; individual and peer group counseling; pre- and postnatal medical care; group parenting instruction; and medical care/supervision for children by an agency physician.

Looking Into The Future Together (L.I.F.T.)
225 North Warren Street
Trenton, New Jersey 08607

LIFT provides family planning services, early child development skills, and personal maintenance to adolescent parents; nursery care facilities for 16-20 infants; and counseling services for 1072 adolescents.

Middlesex County

Catholic Charities (Parenting Program)
288 Rues Lane
East Brunswick, New Jersey 08816

The Catholic Charities parent program provides parenting instruction, counseling, information/referral, possible emergency housing, and assistance in planning for the future.

Greater New Brunswick Day Care Center
Early Childbearing Program
120 Livingston Avenue
New Brunswick, New Jersey 08901

This program provides services to pregnant and parenting teens and their infant children. Services include, but are not limited to: emergency assistance, counseling, support groups, child care, information/referral, and transportation.

Middlesex County College (SPAN)
Woodbridge Avenue
Edison, New Jersey 08818

SPAN provides case management services to families under stress by identifying their needs, connecting the families with resources, and providing follow-up services.

Morris County

Urban League of Morris County
Teenage Pregnancy Program
27 Market Street
Morristown, New Jersey 07960

This program provides individual and group counseling, nutrition and parenting education, and information and referral.

Passaic County

Passaic County Child Care Coordinating Agency
Early Single Parenting Program
12 West Broadway
Paterson, New Jersey 07501

The Early Single Parenting program provides placement for homeless pregnant/parenting teens and their infants in specialized foster homes. A payment of $400 per month is provided to foster parents for this service.

Passaic County Committee for Planned Parenthood
175 Market Street
Paterson, New Jersey 07505

The Passaic County Committee for Planned Parenthood provides community education and information/referrals to adolescents at risk.

Union County

Hope for Pregnant Teens/Hope, Inc.
1455 Liberty Avenue
Hillside, New Jersey 07205

Hope, Inc., provides individual, group, and family counseling; outreach and referral to other agencies; nutritional information; child care and development instruction; and self-growth and development training.

School-based Youth Services Program

Atlantic County

Atlantic City Teen Services Center
West Side Complex
Dr. Martin Luther King, Jr. Blvd.
Atlantic City, New Jersey 08401

Pleasantville Recreation Center
400 West Brighton Avenue
Pleasantville, New Jersey 08232

Bergen County

Hackensack High School
First and Beech Streets
Hackensack, New Jersey 07601

Burlington County

Pemberton School-based Program
Pemberton-Fort Dix Road
P.O. Box 246
Pemberton, New Jersey 08068

Camden County

Camden County Health Department
1800 Pavilion West
2101 Ferry Avenue
Camden, New Jersey 08104

Cape May County

Lower Cape May Regional School District
687 Route 9
Cape May, New Jersey 08204

Cumberland County

Bridgeton School-based Youth Services Program
Bridgeton High School
West Avenue
Bridgeton, New Jersey 08302

Essex County

Teen Powerhouse
91 West Market Street
Newark, New Jersey 07103

Irvington Youth Resources Center
54 Mt. Vernon Avenue
Irvington, New Jersey 07111

Gloucester County

Gloucester County Vocational-Technical School
P.O. Box 186
Tanyard Road
Sewell, New Jersey 08080

Clayton Place
457 North Delsea Drive
P.O. Box 85
Clayton, New Jersey 08312

Hudson County

Emerson High School
318 18th Street
Union City, New Jersy 07087

Bayonne School-based Program
Police Athletic League Building
24th Street and Avenue A
Bayonne, New Jersey 07002

Hunterdon County

Hunterdon Medical Center-CMHC
Route 31
Flemington, New Jersey 08822

Mercer County

Urban League of Metropolitan Trenton
209 Academy Street
Trenton, New Jersey 08618

Middlesex County

UMDNJ - Community Mental Health Center
189 New Street
New Brunswick, New Jersey 08901

South Brunswick High School
Major Road
Monmouth Junction, New Jersey 08852

Monmouth County

Long Branch High School
391 Westwood Avenue
Long Branch, New Jersey 07740

Morris County

Dover High School
Grace Street
Dover, New Jersey 07801

Ocean County

National Council on Alcoholism of Ocean County
East County Line Road & Ridge Avenue
Lakewood, New Jersey 08701

Pinelands Regional High School
Nugentown Road
Tuckerton, New Jersey 08087

Passaic County

Department of Human Resources
155 Market Street
Paterson, New Jersey 07505

Passaic Public Schools
101 Passaic Avenue
Passaic, New Jersey 07055

Salem County

Salem County Vocational-Technical Schools
Division of Special Needs
172 Salem-Woodstown Road
Salem, New Jersey 08079

Somerset County

Somerset County Vocational-Technical School
P.O. Box 6350
North Bridge St. & Vogt Drive
Bridgewater, New Jersey 08807

Sussex County

Sussex County Vocational-Technical School
105 North Church Road
Sparta, New Jersey 07871

Union County

Youth Enrichment Service
St. Elizabeth Hospital
Department of Social Services
225 Williamson Street
Elizabeth, New Jersey 07207

Plainfield Board of Education
Plainfield School-Based Youth Services Program
920 Arlington Avenue
Plainfield, New Jersey 07060

Warren County

Phillipsburg Middle School
675 Corliss Avenue
Phillipsburg, New Jersey 08865

DEPARTMENT OF EDUCATION

The Department of Education, through the Division of Vocational Education, funds projects that serve parenting adolescents. The funding source for these programs is the Carl D. Perkins Vocational Education Act of 1984 (P.L. 98-524), which provides funding for two special needs groups (listed below) that include individuals who are pregnant or young male and female parents. All of the programs are subjected annually to eligibility criteria and, therefore, may not be the same each year. The Division of Vocational Education, New Jersey State Department of Education, 225 West State Street, CN 500, Trenton, NJ 08625, should be contacted for program information and application procedures.

Single Parents and Homemakers

American Association of University Women - Choices for Women
Bayonne Public Schools - Project Self-Sufficiency
Bergen County Vocational-Technical School - Opportunities and Alternatives for Teen Parents
Burlington County Special Services School - Training Options for Pregnant Parenting (TOPPS)
Middlesex County Vocational Technical School
Parsippany-Troy Hills School District - Support Services for Single Parents
Salem County Vocational-Technical Schools - Career Center
Women's Rights Information Center - Pre-Employment Clinic for Adolescent Parents

Consumer and Homemaking Education

Burlington County Special Services Commission
Camden Public Schools
Glassboro State College
Jersey City Public Schools
Passaic City

PROGRAMS FUNDED BY SCHOOL DISTRICTS

Camden - Lincoln School
Elizabeth - Special Health Class
Irvington - Preparation for Adolescent Mothers (PAM)
Jersey City - Teenage Expectant Mothers Program
Newark - Chestnut Street School
Newton - Teen Learning Center
Orange - Programs for Adolescent Mothers (PAM)
Paterson - SAGE
Pleasantville - Pregnancy Adolescent Continuing Education
Trenton - Programs for Adolescent Mothers (PAM)
Vineland - Maternity Class

APPENDIX F: ORGANIZATIONS AND ASSOCIATIONS RELATED TO PREGNANT AND PARENTING TEENS

ORGANIZATIONS AND ASSOCIATIONS RELATED TO PREGNANT AND PARENTING TEENS

Academy for Educational Development
100 5th Avenue
New York, NY 10011
(212) 243-1110

The Alan Guttmacher Institute
111 Fifth Avenue
New York, NY 10003
(212) 254-5656

The Center for Population Options
1012 14th Street, N.W.
Suite 1200
Washington, DC 20005
(202) 347-5700

The Children's Aid Society
130 E. 101 Street
New York, NY 10029
(212) 949-4800

Education, Training and Research (ETR) Associates
1700 Mission Street
Suites 203-4
Santa Cruz, CA 95060

The Equality Center
2233 Wisconsin Avenue, N.W.
Washington, DC 20001
(202) 546-6706

Governor's Task Force on Adolescent Pregnancy
Rutgers University
Graduate School of Social Work
Department of Community Affairs
73 Easton Avenue
New Brunswick, NJ 08903
(201) 932-7728

National Organization on Adolescent Pregnancy and Parenting
P.O. Box 2365
Reston, VA 22090
(703) 753-0916

National Black Women's Health Project
1237 Gordon Street, S.W.
Atlanta, GA 30310
(404) 753-0916

New Jersey Network on Adolescent Pregnancy
Rutgers University
Graduate School of Social Work
Department of Community Affairs
73 Easton Avenue
New Brunswick, NJ 08903
(201) 932-7728

The Office of Population Affairs
Room 736E, Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 245-1421

Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
(212) 541-7800

Support Center for School-Based Clinics
Center for Population Options
8233 Wednesbury Lane
Houston, TX 77074
(713) 995-4481

The Urban Institute
2100 M Street, N.W.
Washington, DC 20037
(202) 833-7200

READER FEEDBACK FORM

HELPING PREGNANT AND PARENTING TEENS COMPLETE THEIR EDUCATION

Please evaluate this document by circling your response for each of the following items:

1. The coverage of the topic is

comprehensive	Yes	No	Not sure
accurate	Yes	No	Not sure
objective	Yes	No	Not sure

Comment:

2. The review of relevant research is helpful in understanding the subject. Yes No Not sure

Comment:

3. The implications for school programs are clear and useful. Yes No Not sure

Comment:

4. My overall evaluation of this product:

Excellent Good Fair Poor

Comment:

Optional:
Name_____Position_____District_____

Directions:

Fold along dotted lines, staple and mail to address on the back.

New Jersey State Department of Education
General Academic Education
225 West State Street, CN 500
Trenton, New Jersey 08625

New Jersey State Department of Education
Division of General Academic Education
225 West State Street, CN 500
Trenton, New Jersey 08625

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